Care for Yourself – **Breast and Cervical Cancer (BCC) Program**

Changes to Current Enrollment Application on File

Changes to the current Enrollment Application on file for the Breast and Cervical Cancer Program only needs to be completed when there are changes (i.e. facility name, address, tax ID number, and/or health care provider update) with an active Cooperative and Enrollment Application on file. To see if you have an active Cooperative and Enrollment Application on file contact Gena Hodges at Gena.hodges@idph.iowa.gov

Directions:
- Complete the first box with the facility name and tax ID number that is listed in the current Cooperative and Enrollment Application on file.
- Indicate what changes are being reported in the fields below.
- Use page 2 of this form to add participating health care providers (HCP) for whom the facility will bill, or to remove HCP who are no longer participating through this facility.
- Sign and date page 2.
- Return form to: Iowa *Care for Yourself* , Gena Hodges at Gena.Hodges@idph.iowa.gov

Complete the following changes to the current enrollment facility application on file:
CURRENT FACILITY NAME _____
CURRENT TAX ID NUMBER # _____

Complete ONLY the fields where there is NEW or UPDATED information for the Enrollment Application on file below:	
Facility name	
Facility tax ID number	
Facility NPI number	
Facility mailing address	
Facility physical address	
Facility telephone	
Facility contact person	
Facility fax number	
Contact person email	
Billing Agency Name	
Billing Agency mailing address	
Billing Agency telephone	
Billing Agency contact person	
Billing Agency email address	

Facility Name: _____ TAX ID NUMBER #: _____

New HCP	HCP no longer at facility	Individual Health Care Provider name(s) and title	License/ Certificate number	NPI number

_____   _____
Signature of Facility Representative   Date

Office use only: _____   Facility CFY # _____
                    Approved and recorded